**American Rescue Plan Act (ARPA) Grant** **Application**

# **ARPA Grant Application**

**Application Abstract:**

1. ARPA Grant Initiative Name:
2. Workforce Development Board(s):
3. Area Served (Counties/Cities/Region). Identify the counties as a Tier 1, Tier 2, or Tier 3 county. <https://www.nccommerce.com/grants-incentives/county-distress-rankings-tiers>:
4. Grant Initiative Contact Person (Name/Title/Phone Number/Email):
5. Funding Level Requested:
6. Requested Duration of the Grant:
7. Check grant category(ies) applying for:
   1. \_\_\_\_ Substance Use Disorder Recovery
   2. \_\_\_\_ Reentry Support
   3. \_\_\_\_ Small Business Work-Based Learning

**Note: When applying for multiple grants*,* separate application, budget, goals, outcomes, and measures forms are required for each grant request.**

1. Brief Description of the ARPA Grant Initiative:

**Application Contents**

Please respond to each of the items in Sections 1 – 6. All questions must be answered and numbered as shown. The points in parentheses are the weight values given to the questions and will be used by DWS staff to score the proposal.

1. **Problems and Challenges (10 Points):**
2. Describe the problems and challenges this grant will address and the solutions that funding from this grant will provide. *Any challenges identified should match the project goals.*
3. What are the current gaps in available services or funding that result in failure to address the identified need of job seekers in the defined region?
4. Describe the impact the planned solution will have on identified communities or populations.
5. **Scope of Work/Strategic Method of Approach (50 Points):**

In this section, describe the outcomes to be achieved and the strategic approach to be used to achieve those outcomes. Responses should address the problem(s) or issue(s) identified above.

1. Provide a description of the scope of work and the tasks involved in accomplishing the planned project. Explain how this project may be coordinated with other programs, funds, and grants existing in the local area. This section should include, if appropriate, expected number of participants to be served and how they are to be served.
2. Demonstrate why the planned method to be used to address the issue/opportunity is applicable and appropriate.
3. Describe what resources are available within the community for additional collaboration purposes (this information will be outlined and briefly described in the Partnership/Collaboration Chart Section 4 below). A letter of support must be provided from two (2) partnering community agencies (the letter of support must detail the partnering agencies’ commitment to the project and what is being contributed to the project by the partner(s)).
4. **Goals, Outcomes, and Measures (25 Points):** 
   1. Provide a brief description of the goals and outcomes of the project and how they will be effectively measured.
   2. Complete the **ARPA Grant Goals, Outcomes, and Measures** form (Attachment 3) to provide the specific goals, outcomes, and measures that will be used for the programming.

1. **Partnerships and Collaboration (5 Points):**

Identify any partners in the project and briefly describe their roles and responsibilities by completing the chart below (may be expanded as needed). The information on this chart should be clearly explained in the narrative of Section 2c.

If applicable, describe the organizations’ plans to provide activities to the following businesses with twenty-five (25) or fewer employees (please respond to only those that apply to the planned program):

1. Certified Historically Underutilized Businesses
2. Minority-Owned Businesses
3. Female-Owned Businesses
4. Veteran-Owned Businesses
5. Businesses Owned by Persons with a Disability

If applicable, describe in detail the planned activities for the categories listed below (please

respond to only those that apply to the planned program):

1. Wage reimbursement activities:
   1. Please specify if wages will be reimbursed to employers at partial percentage to the employee and specify the percentage amount.
   2. Please specify if full wages will be covered with payments being completed by an entity other than the place of employment.
2. Training only/no wage reimbursement activities:
3. Will a specific industry sector be a part of the planned project’s focus? If yes, please state the industry(ies) that will be targeted.

Local Area WDB applications that include partnering with the Fierce Fellows Reentry training program and have an active Reentry program will be given  special consideration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner/Organization/**  **Agency** | **Role & Responsibility** | **Resources Contributed** | **Timeline** |
| Businesses |  |  |  |
|  |  |  |  |
|  |  |  |  |
| NCWorks Career Centers |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Workforce Development Boards |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Non-Profit Organizations |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Government Agencies |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |

1. **Budget and Budget Narrative (10 Points):**

Complete(Attachment 4)**.** Provide a separate line-item budget and narrative for each grant initiative with justification for the resources necessary to accomplish the goals and objectives set forth in the scope of work. The narrative should explain all costs associated with the grant initiative and should reflect any leveraged resources set forth in the budget and how the planned expenses support the overall goals and activities of the grant.

Indicate if additional existing resources may be leveraged from grants or funds. The “Leveraged Resources” column should include all leveraged funds that will be used to support the grant. Examples of leveraged resources may include facilities, in-kind training, and professional development.

Please include any in-kind contributions. State whether they are in-kind or monetary and the source of these funds.

This information must all be contained in the narrative *and* on the budget form. Budgets should reflect the total amount requested. Up to 5% of the total grant award can be used for the Local Workforce Development Board Administration Fee.\* Budgets and budget narratives must clearly justify costs of the project and be as specific as possible.

The following list provides possible components of the budget:

A. Contracted Services

B. Staff Salaries

C. Staff Fringe Benefits

D. Staff Travel

E. Staff Materials and Supplies

F. Local Area Administrative Fees\*

G. Existing Employee Training

H. Participant Supportive Services

I. Participant Wages

J. Participant Fringe Benefits

K. Wages Reimbursed to Employers

L. Training Components

M. Certifications/Credentials

N. Other Expenses – please specify

“Equipment” should be carefully considered before inclusion in the proposed budget. Use of funds for equipment-related purposes is allowable. If it is necessary to include an expense for equipment, however, a compelling case for the purchase must exist. The cost should be included in the “Other Expenses.”

All accounting records should be maintained in accordance with the NC Local Government Budget and Fiscal Control Act, State Policies, applicable Office of Management and Budget (OMB) Circulars, and generally accepted accounting practices.

1. **Match Opportunities - Optional (10 Points):**

Additional points may be awarded for proposals that demonstrate and incorporate matching cash funds. *Please* *identify the agency(ies) providing matching funds/resources (e.g., physical space, technology, or other resources) in the narrative and in the budget outline.* Specify whether the resources are in-kind or monetary and the source of these resources.

**ARPA Grant Application**

## **Signature Page**

|  |  |
| --- | --- |
| **Local Workforce Development Board(s) Name** |  |
| **Application Contact Person** |  |
| **Address** |  |
| **Telephone Numbers** |  |
| **Email** |  |
| **Date** |  |
| **Amount Requested in Grant Application** |  |

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**Local Area Workforce Signature Date**

**Development Board**

**Chair**

(Typed Name)

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Area Workforce Signature Date**

**Development Board**

**Director**

(Typed Name)

**ARPA Grant Application Checklist**

Abstract

Problems and Challenges

Scope of Work/Strategic Approach

Goals, Outcomes, and Measures Narrative

Partnerships and Collaborations Chart

Signature Page

Attachment 3 – ARPA Grant Goals, Outcomes, and Measures Chart

Attachment 4 – ARPA Grant Application Budget

Letter(s) of Support

Page Numbering is Correct

**Note: If multiple applications are submitted,** **please complete a checklist for each application.**